



National Service Trust Exit Form

Corporation for
**NATIONAL &
 COMMUNITY
 SERVICE**

This form will end the term of an AmeriCorps member in the National Service Trust and report on the eligibility of the member for a Segal Education Award. It will also provide the Corporation for National and Community Service (CNCS) with evaluation exit data.

PART 1 Member: Please Complete and Sign

1. **Name** _____
 Last First MI

2. **Social Security Number** _____

3. **Mailing Address**

Number and Street _____

City State Zip Code _____

Email Address _____

Home Phone Business Phone Ext _____

4. **For AmeriCorps VISTA members only: I would like to**

- Extend my service for less than a year
 Complete my service as scheduled
 Re-enroll for another year
 Terminate my service early

CNCS gathers information about education and disability status to ensure opportunities to serve are provided for people of all conditions. This information will be held confidentially, and will solely be used for data analysis to assist us in ensuring we serve all Americans equally. The information you provide will not be used in any way to determine or affect any federal benefit. Under the Rehabilitation Act (Act) information on your disability status can only be used in connection with non-discrimination and affirmative action obligations. The information will be kept confidential in accordance with the Act's provisions and the information will be used only in accordance with the Act. Your responses are required in order to successfully verify your service.

5. **School Status:**

Has your highest level of education changed since you enrolled?

- Yes No

If yes, please answer the following questions:

What is your highest level of education?

- Less than high school or equivalent
 High school diploma/GED
 Technical school/apprenticeship/vocational
 Some college

Most recent school attended _____ Type of degree, diploma, or certificate _____

- Associates degree (AA)

School that provided degree _____ Type of degree, diploma, or certificate _____

- College graduate

School that provided degree _____ Type of degree, diploma, or certificate _____

- Graduate degree (e.g. MA, PhD, MD, JD)

School that provided degree _____ Type of degree, diploma, or certificate _____

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6. Disability Status:

The next questions address disability and serious health conditions. Your responses will ensure that our outreach and recruitment policies are reaching a wide range of individuals with physical or mental conditions. Consider your answers without the use of medication and aids (except eyeglasses) or the help of another person.

Do you have one of the following? (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Deaf or serious difficulty hearing | <input type="checkbox"/> Paralysis, partial or complete (<i>any cause</i>) |
| <input type="checkbox"/> Blind or serious difficulty seeing even when wearing glasses | <input type="checkbox"/> Significant disfigurement (<i>e.g. burns, wounds, accidents, or congenital disorders</i>) |
| <input type="checkbox"/> Missing an arm, leg, hand, or foot | <input type="checkbox"/> Significant mobility impairment (<i>e.g. wheelchair, scooter, walker, leg brace used to walk, etc.</i>) |
| <input type="checkbox"/> Significant psychiatric disorder (<i>e.g. bipolar disorder, schizophrenia, PTSD, major depression, etc.</i>) | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Intellectual disability (<i>formerly described as mental retardation</i>) | <input type="checkbox"/> Dwarfism |
| <input type="checkbox"/> Developmental disability (<i>e.g. cerebral palsy, autism spectrum disorder, etc.</i>) | <input type="checkbox"/> Epilepsy or other seizure disorder |
| <input type="checkbox"/> Other disability or serious health condition, including: | |
| • Alcoholism | • HIV infection/AIDS or other immune disorder |
| • Cancer | • Kidney dysfunction (<i>e.g. requiring dialysis</i>) |
| • Cardiovascular or heart disease | • Learning disabilities or ADHD. |
| • Crohn's disease, irritable bowel syndrome, or other gastrointestinal impairment | • Liver disease (<i>e.g. hepatitis, cirrhosis</i>) |
| • Depression, anxiety disorder, or other psychological disorder | • Lupus, fibromyalgia, rheumatoid arthritis, or other autoimmune disorder |
| • Diabetes or other metabolic disease | • Morbid obesity |
| • History of drug addiction (but not currently using illegal drugs) | • Nervous system disorder (<i>e.g. migraine headaches, Parkinson's disease, multiple sclerosis, etc.</i>) |
| • Non-paralytic orthopedic impairments (<i>e.g. chronic pain, stiffness, weakness in bones or joints, or some loss of ability to use parts of the body</i>) | • Orthopedic impairments or osteo-arthritis |
| • Sickle cell anemia, hemophilia, or other blood disease | • Pulmonary or respiratory impairment, for example, asthma, chronic bronchitis, or TB |
| • Speech impairment | • Spinal abnormalities, for example, spina bifida or scoliosis |
| | • Thyroid dysfunction or other endocrine disorder |

If you did not select one of the options above, please indicate why:

- I have a disability or serious health condition, but do not wish to specify my condition
- I do not wish to answer questions regarding disability/serious health conditions
- None of the conditions listed above apply to me

7. Do you receive Social Security disability benefits, such as Supplemental Security Income or Social Security Disability Insurance (SSDI)?

- Yes No Prefer not to respond

8. Privacy Act Information Release

- Yes, I give the Corporation for National and Community Service permission to release the following information about me to an AmeriCorps Alumni Association (*check all that apply*):
- Name Address Email Telephone Number
- No, I do not give the Corporation for National and Community Service permission to release my information to an AmeriCorps Alumni Association.

9. Post-Service Opportunities:

The Corporation for National and Community Service would like to provide you with information and resources to help you stay engaged in service and connect with educational, professional, and alumni opportunities. Please check all that apply:

- I am interested in connecting with other AmeriCorps alumni.
- I am interested in learning more about educational opportunities and how to use my Segal Education Award.
- I am interested in professional development trainings, resume-writing resources, and career opportunities.
- I am not interested in this information or these resources.

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Certification of Service

I certify that the time I reported to my program as program service hours is true and correct and did not include any service activities prohibited by law, regulation, or grant provisions. **I agree**, by signing this form, to provide, if asked, documentation to verify the accuracy of the information I have provided in this form.

I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment (or both) under Section 1001 of Title 18, USC; exclusion from participation in Federal programs; forfeiture of benefits I may receive as a result of participation in this program; or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Member's Signature: _____ **Date:** _____

Privacy Statement — In compliance with the Privacy Act of 1974, the following information is provided: The information requested on the AmeriCorps Exit Form is collected pursuant to 42 U.S.C. §§ 12573 and 12602 of the National and Community Service Act of 1990, as amended. The primary purpose of the information is to successfully exit a member from a term of service and enable him or her to receive the education award. The evaluative information will help CNCS improve its programming and services to members. Information may be shared with other agencies, such as the Social Security Administration, through computer matching agreements for the purpose of verifying identity and citizenship status information provided by you in this document, as well as other matching and data sharing agreements with federal agencies, agency contractors, and other non-federal entities to assist the agency in its research and statistical evaluation missions. Your Social Security Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) for use as a taxpayer identification number. While disclosure of your SSN is voluntary, failure to disclose your SSN may result in a denial of your receiving an education award. All information obtained will be used only for official purposes, treated confidentially, and will not be disclosed outside the agency unless there is a specific official need for the recipient to know the information, there exists a data sharing agreement referenced above, or release of the information falls within one of the exemptions of the Privacy Act.

Public Burden Statement — Public reporting burden for this collection of information is estimated to average 10 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 1201 New York Avenue, NW, Washington, D.C. 20525. CNCS informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

OMB No.: 3045-0006 Expiration Date: 6/30/2017

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Exit information should be submitted electronically to CNCS within 30 days of completion of service.

PART 2 **Certifying Official: Please Complete and Sign**

This section must be signed by an authorized certifying official. The program must designate certifying officials electronically to the Corporation for National and Community Service.

1. **Name of Program (or AmeriCorps NCCC Campus)** _____

2. **Operating Site I.D. Number** _____

3. **Hours of Service Performed** _____ hours
(not applicable for AmeriCorps VISTA)

4. **Date of Completion of Term of Service** _____
Month Day Year

5. **Type of Enrollment**
(Mark only one.)

- Full-time (1700 hours per year, or 365 days for AmeriCorps VISTA)
- Half-time (900 hours in up to 2 years)
- Reduced half-time (675 hours)
- Quarter-time (450 hours)
- Minimum time / Summer (300 hours)
- Silver Scholar (350 hours min)

6. **Segal Education Award Status:**

Indicate whether or not the member is eligible for an education award. Please be sure to follow CNCS regulations in making this selection. If the member is going to serve another term under the National Service Trust, a new National Service Enrollment Form must be completed.

- Eligible for **entire** Segal Education Award (member successfully completed service)
- Eligible for **partial** Segal Education Award (member did not fully complete service for compelling personal reasons)
- Not eligible for Segal Education Award (member did not fully complete service requirements)
- Not eligible for Segal Education Award (member chose alternative benefit)
- Not eligible for Segal Education Award (member dismissed for misconduct)
- Not eligible for Segal Education Award (other, please specify): _____

7. Did the member perform satisfactorily (complete all assignments, tasks, and projects)? Yes No

8. **Certification of Service**

I certify that to the best of my knowledge and belief, the time the above-listed member reported as AmeriCorps, Silver Scholar, or Serve America Fellow program service hours did not include any service activities prohibited by law, regulation, or grant provision; that the member performed satisfactorily (completed all assignments, tasks, and projects), and that the hours of service performed indicated on this form for this service member are true and accurate.

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C. or other actions authorized by the Civil Fraud Remedies Act, 31 USC 3801-3812.

Signature of Certifying Official: _____ **Date:** _____

Name of Certifying Official (Please Print): _____

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